



Indianapolis Fleet Services City Gas Card Request

(Fax Form to 327-2755)

Date _____

Vehicle Card (Black)

UNIT No. _____

- ☐ Lost/Damaged Card ☐ Cancel Card
- ☐ New Card
- ☐ Unit Transfer - New/Trans Dept # _____

Employee Card (Red)

- ☐ Lost/Damaged Card ☐ Cancel Card
- ☐ New Card
- ☐ Designate Employee for Supervisor Card
(Attach letter of justification)

Name _____

Card Number _____

Dept./Division _____

Authorization

Name _____

Dept/Div _____

Phone No _____

Signature _____

Receipt for Card

Date _____

Name _____

Signature _____